MFP Sentinel Event Reporting Form

MFP Field Personnel: complete this form when an MFP participant experiences a critical incident or sentinel event. An individual is considered an MFP participants if (s)he or their guardian has signed the *MFP Consent for Participation* form.

Date of Report: **Waiver CM/CC/SC Name:** **CM/CC/SC Phone:**

Participant First Name: **Participant Last Name:**

Participant Medicaid ID#: **Participant Date of Birth:**

Name & Address of the Inpatient Facility Admitted to: (or n/a ☐):

Participant Address: **Participant City:** **Zip:** **County:**

Participant Phone Number: **Other Contact Name:** **Other Phone:**

Provider (if applicable):

Date of Incident:

Location of Occurrence:

Type of Sentinel Event: (Check only one)

☐ **Abuse,** ☐ **Neglect,** ☐ **Exploitation,** ☐ **Inpatient Facility Admit,**

☐ **Emergency Room Visit,** ☐ **Death,** ☐ **Involvement with Criminal Justice System,**

☐ **Medication Administration,**

☐ **Other (specify):**

Detailed summary of event:

What did the participant report?

Adverse outcomes related to the event/injuries? Describe in detail:

Witnesses to the event:

Action taken by MFP field personnel at time of event (Discovery):

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MFP Field Personnel Action Plan (Do): (What will field personnel do to prevent this from happening in the future?)

MFP Field Personnel Process improvement (Check): (What MFP processes were instituted to evaluate the effectiveness of the action plan and reduce risk to the participant?)

Define follow-up time frames (Act/Monitor) for evaluating effectiveness of processes.

Notification:

	Name	**Date**	**Time**
Field Personnel Supervisor:			
Notified: ☐Yes ☐No			
Physician:			
Notified: ☐Yes ☐No			
Guardian/Family:			
Notified: ☐Yes ☐No			
MFP Project Director:			
Notified: ☐Yes ☐No			
Other Agency Name:			
Notified: ☐Yes ☐No			
Other Agency Name:			
Notified: ☐Yes ☐No			

MFP Field Personnel Name: Phone: Email:

MFP Field Personnel Signature: _____ Date:

Note: Send this completed *MFP Sentinel Event Form* to the DCH MFP Office by FTP.